MAXIMUS Federal Services

Case Number:	CM15-0103582		
Date Assigned:	06/08/2015	Date of Injury:	09/12/2014
Decision Date:	07/10/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/29/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 49-year-old who has filed a claim for chronic shoulder, hand, wrist, and thumb pain reportedly associated with an industrial injury of September 12, 2014. In a Utilization Review report dated May 1, 2015, the claims administrator failed to approve requests for TENS unit purchase, Norco, trazodone, and Zipsor. The applicant's attorney subsequently appealed. On June 18, 2015, the applicant reported ongoing complaints of wrist and shoulder pain, status post earlier failed shoulder surgery, 8/10 without medications versus 2/10 with medications. The applicant was on Zipsor, Desyrel, and Norco, it was reported. The attending provider stated that the applicant's medications were working well but did not elaborate further. The applicant's BMI was 29, it was reported. The attending provider maintained that trazodone was ameliorating the applicant's ability to sleep. The applicant was placed off work, on total temporary disability, while Norco, trazodone, and Zipsor were renewed. On April 23, 2015, the applicant reported 5/10 shoulder and wrist pain complaints. Trazodone was endorsed for sedative effect purposes. A TENS unit was endorsed on the grounds that previous usage of the same and physical therapy had provider the applicant with pain relief. The applicant was placed off work, on total temporary disability. Norco, trazodone, and Zipsor were prescribed. Smoking cessation was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Zipsor 25 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for Zipsor (diclofenac), an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Zipsor do represent the traditional first line of treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into its choice of recommendations. Here, however, the applicant was off work, on total temporary disability, despite ongoing usage of Zipsor. While the attending provider did recount some reported reduction in pain scores affected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and the failure of Zipsor to reduce the applicant's dependence on opioid agent such as Norco. The attending provider likewise failed to outline specific functions or functionalities, which had ameliorated as a result of ongoing Zipsor usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792. 20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Trazodone 50 MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: Conversely, the request for trazodone (Desyrel), an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into its choice of recommendation to ensure proper usage and so as to manage expectations. Here, the prescribing provider suggested that ongoing usage of trazodone (Desyrel) had been employed to ameliorate the applicant's issues with sleep disturbance. The attending provider stated that usage of trazodone had in fact ameliorated the applicant's issues with sleep disturbance, to some degree. While ODG's Mental Illness and Stress Chapter trazodone topic does not take a firm position on trazodone usage, noting that there is "no clear-cut evidence to recommend trazodone" as a first line to treat primary insomnia, another portion of the ODG recommendation notes that certain applicants reported "significant improvement" in subjective sleep latency, sleep duration, etc. , following introduction of trazodone. ODG's Mental Illness and Stress Chapter trazodone topic also notes that trazodone is the "most frequently prescribed insomnia agent. " Here, the attending provider's report of a favorable response to introduction of trazodone (Desyrel) does outweigh the tepid ODG position on the same. Continuing the same, on balance, was indicated, given the applicant's personally favorable response to the same. Therefore, the request was

medically necessary.

Norco 7. 5/325 MG #42: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Conversely, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, on total temporary disability, it was noted on multiple progress notes of early to mid-2015, referenced above. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify meaningful or material improvements in function (if any) as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

TENS Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Finally, the request for a TENS unit purchase was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on a purchase basis should be predicated on evidence of a favorable outcome during the earlier one-month home-based trial of the TENS unit. Here, however, the requesting provider sought authorization to purchase a TENS unit without having the applicant undergo an earlier one-month home-based trial of TENS unit, stating that the applicant had tested the unit during a physical therapy session and thought it was beneficial. Therefore, the request was not medically necessary.